CERTIFIED LICENSE HISTORY REQUEST

RE 293 (Rev. 7/13)

INSTRUCTIONS

- Complete all information requested. Incomplete or unclear requests will be returned.
- For processing timeframes, please visit our Web site at www.bre.ca.gov/proc time.htm.
- Please type or print clearly in ink.
- Mail completed request and fee to:
 Bureau of Real Estate

Attn: Licensing
P.O. Box 137000
Sacramento, CA 95813-7000.

Call (877) 373-4542 if you have any questions.

GENERAL INFORMATION

- License histories cover the preceding five year period unless otherwise requested in the "comment" section.
- Statutory course information is not maintained on record and cannot be verified.
- ➤ Some states require the license certification be mailed directly to them please verify before completing the "mailing address" section.

(0,1,) 0,10 10 12 12 13 14				
CERTIFIED LICENSE HISTORY TYPE — CHECK ONE BOX ONLY				
For other states — \$20.00		☐ For general or legal purposes — \$20.00		
Contains a history of the pre- otherwise requested), state of record, any disciplinary status, date first licensed an	Contains a detailed history of the preceding five year period (unless otherwise requested), state seal, signature of custodian of record, any disciplinary action taken, date first licensed and expiration date.			
Request is for the State of	•			
HISTORY BEING REQUESTED ON THE FOLLOWING LICENSEE				
FULL NAME OF LICENSEE				
STREET ADDRESS OR POST OFFICE BOX				
CITY			STATE	ZIP CODE
LICENSE IDENTIFICATION NUMBER	LICENSE EXPIRATION DATE	LICENSE TYPE (CHECK ONE)	
		BROKER	SALESPE	ERSON CORPORATION
ADDITIONAL REQUESTS OR COMMENTS	,			
MAILING ADDRESS				
Mail history to: (Check one) LICENSEE AT THE ADDRESS LISTED ABOVE. STATE AGENCY LISTED BELOW.			INDIVIDUAL LISTED BELOW.	
NAME				
STREET ADDRESS OR POST OFFICE BOX				
CITY			STATE	ZIP CODE
REQUESTOR INFORMATION				
NAME OF REQUESTOR — WHOM MAY WE CONTACT IN REGARD TO THIS REQUEST?			DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE)	